



**TARIRO YOUTH DEVELOPMENT TRUST  
SHEA REPORTING TEMPLATE**

**CLASSIFICATION** (Type of Concern) \_\_\_\_\_

**FILE NUMBER:** (For Confidentiality in recording) \_\_\_\_\_

|   |  |
|---|--|
| <b>1. ABOUT THE REPORTER</b>  |  |
| Name:   | Relationship to the Victim/Survivor                |
| Job Title:  | Contact Details (Cell and Email)                   |
| Workplace:  |  |
| <b>2. ABOUT THE VICTIM/SURVIVOR</b>   |  |
| Name:   | Address:   |
| Gender:   | Guardian (If a Child):                             |
| Age:  |  |
| <b>3. ABOUT YOUR ALLEGATION</b>   |  |
| Was SHEA observed or suspected?   | Time of the alleged incident:                      |
| Is this allegation based on firsthand information or information divulged to you by someone? (If so, by who?)   | Location of the alleged incident                   |
| Did the survivor/victim disclosed the Incident?   | Position in the Organization, Family or Community: |
| Date of the alleged Incident:   | Nature of the allegation:                          |
| 4. Your personal observations ( <i>Visible injuries, emotional state of the survivor/victim, etc.</i> )<br><i>NB: make a clear distinction between what is fact and what is opinion or hearsay.</i> |  |
| To the best of your ability, not the Vulnerability criteria:  |  |

|   |  |
|---|--|
| How is the risk to the Victim/Survivor?   |  |
| Is this a chronic or acute condition?   |  |
| Exactly what is the victim/survivor or other source said to you (if relevant) and how you responded to him or her (Do not lead the reporter, Record actual details) |  |
| If he/she is a child, who are the adults that habitually provide care and protection for the child?   |  |
| How are they involved in the reporting of the incident and support of the child?  |  |
| Any other information not previously covered:   |  |
| Were there any other people involved in the alleged incident?   |  |

Action Taken:

Signed \_\_\_\_\_ Date \_\_\_\_\_